



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS
AND MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive Macon, Georgia 31217-3858
(478) 207-2440 (Telephone)
www.sos.state.ga.us/ebd-counselors

APPLICATION FOR MASTER SOCIAL WORKER LICENSURE
PERSONAL REFERENCE FORM
FORM D

INSTRUCTIONS:

- Please type or print legibly.
- Applicants must have references from **two (2) teachers or supervisors** who are familiar with their experience in Social Work.
- **APPLICANT** - Complete Part I, provide this form to your references with a return self addressed envelope. Provide the completed form from your reference with your application materials.
- **REFERENCE** - Complete Part II and return this form to the applicant in the envelope provided to you. The Board assumes that in recommending this applicant, references will interpret or substantiate to the Board your recommendation if the Board needs to contact you at a later date.

PART I - APPLICANT

Name: _____

PART II - REFERENCE

Name: _____

Address: _____
Street City State Zip Code

Day Phone: () Other Phone: ()

Relationship to Applicant: ☐ Teacher ☐ Supervisor

Dates of Teaching/Supervisory Relationship: FROM: _____ TO: _____
Month/Day/Year Month/Day/Year

PROFESSIONAL POSITION WHEN TEACHING OR SUPERVISING APPLICANT:

Title: _____
Agency/Institution: _____
Address: _____

RECOMMENDATION: ☐ Recommend ☐ Do Not Recommend the Applicant for licensure.

ADDITIONAL COMMENTS:

[Please write any comments that would assist the Board in making a decision on this Applicant for licensure.]

Date Signature of Reference



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